

LFIR # 1485

3. Date of Request 11/01/2023 4. Project/Program Description Behavioral and mental health issues are more common today than ever before. There are many factors that lead to the need for services for children and families. Some have been around forever – homelessneed the trauma and stresses on families which resulted in an increase in domestic violence, child abuse, and social isolation. Children growing up in low-income families and communities are vulnerable to poor health and developmental outcome Heightened rates of poverty and related stressors are to blame and create repeated physiological and emotional disruptions that have life-lasting effects. The BHS program provides for the physical, developmental and emotional well-being of children/youth and families. Services are provided in home, community, in schools, and through Telehealth. State Agency to receive requested funds State Agency to receive requested funds Department of Children and Families State Agency contacted? No 6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025 Type of Funding Questions 150,000 7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project) Type of Funding Total State Funds Requested (from question #6) 150,000 11% Matching Funds Federal 0 0% State (excluding the amount of this request) 212,666 15% Local 916,132 64% Other Amount Recurring Nonrecurring Nonrecurring Nonrecurring Appropriation # Specific Vetoed Appropriation # Petoeda Petoeda Petoeda Petoeda 149,768 100%	1. Project Title	Families First of I	Palm Beach Coun	ty Behavioral Health S	Services				
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Fundraising Dollars	b. Describe the so	urce of funding tha	t can be used in	lieu of state funding.	•				
i unulum pondio	Fundraising Dollars	S							

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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11. Status of Construction

If yes, indicate the amount of funds received and what the funds were used for.

PPP - \$495,897.00 - The monies were utilized for retaining staff, paying salaries & benefits. ERC - \$436,384.41 - The monies were utilized for paying salaries and benefits for unfunded positions.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

;	a. What is the current phase of the project?								
	Planning	Design	Construction	○ N/A					
İ	b. Is the project "	'shovel ready"	(i.e permitted)?						
•	c. What is the es	timated start da	te of construction?						
•	d. What is the es	timated comple	tion date of construc	ction?					
12.			o receive, directly or rs of the facility and	r indirectly, any fixed capital outlay funding. Include the the entity.					

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount				
Administrative Costs:						
Executive Director/Project Head Salary and Benefits		0				
Other Salary and Benefits	7% of Clinical Director for Behavioral Health Services salary and benefits @ \$95,600 x .07% = \$6,692.	6,692				
Expense/Equipment/Travel/Supplies/ Other		0				
Consultants/Contracted Services/Study		0				
Operational Costs: Other						
Salary and Benefits	2 FTE's for Behavioral Health Therapists @ \$50,000 each = \$100,000; Benefits: FICA \$7,650; Workers Compensation \$928; SUTA \$34; Retirement \$5,000; Health Insurance \$23,206 = Total Benefits \$36,818.	136,818				
Expense/Equipment/Travel/Supplies/ Other	Cell Phones for two Therapists @ \$50 a month per Therapist =\$1,200; Electronic Health Record for two Therapists to document client contacts and therapeutic services @ \$53.75 per month per Therapist = \$1,290; Travel to schools, communities, collaborative partner agencies, and home visits for two Therapists @ \$2,000 per year per Therapist = \$4,000.	6,490				
Consultants/Contracted Services/Study		0				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering		0				



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Total State Funds Requested (must equal total from question #6)

150,000

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

Children's Behavioral Health Services program provides individualized trauma-informed therapeutic care, family-driven services, and flexible treatment strategies for at-risk children, teens, young adults, and families. This program provides for the physical, developmental and emotional well-being of children and families with the goal of reduction in mental health symptoms of the children/youth/young adults served, allowing them to maintain school and home stability.

b. What activities and services will be provided to meet the intended purpose of these funds?

The following are the activities: Therapists will complete a bio-psychosocial assessment which will examine sociological and psychological aspects of each youth. In addition to the BPSA, other screenings will be completed to further address concerns of suicidality/homicidality. Initial treatment plan and treatment plan reviews, home/school/community visits as well as utilization of telehealth.

c. What direct services will be provided to citizens by the appropriation project?

Direct services provided: Bio-psychosocial Assessment, Functional Assessment Rating Scale (FARS) or Children's Functional Assessment Rating Scale (CFARS), therapeutic groups, evidenced-based approaches to treatment - Trauma Focused-CBT, Cognitive Behavioral Therapy (CBT), Seeking Safety, Motivational Interviewing, Multisystemic Therapy, EMDR, Family Systems Therapy, Play and Sand Tray Therapy.

d. Who is the target population served by this project? How many individuals are expected to be served?

High Risk children/youth/adults still in school from ages five to twenty-two in need of therapeutic services, The following will be served: Economically disadvantaged persons, persons with poor mental health, at-risk youth, elementary, middle, and high school students. Youth in schools and in community will be served as well as youth involved in juvenile justice system as well as youth to prevent entering juvenile justice system. This program expects to serve 350 of the targeted population.

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- 1. Outcome Improve Mental Health Methodology Children/Youth/Adults (ages 5 to 22) enrolled in BHS program will change behaviors by demonstrating a reduction in mental health symptoms as measured by the Children's Functional Rating Scale (5-17) or Functional Assessment Rating Scale (18-22). 2. Outcome Divert from Criminal/Juvenile Justice System Methodology Children/Youth/Adults enrolled in BHS program will prevent at-risk youth from offending or reoffending. Adult and Caregivers will receive education and interventions to increase awareness and coping skills. Measurement Likert Scales and CFARS/FARS.
- f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

The agency will provide a corrective plan of the agency's Performance Quality Improvement to ensure deliverables and performance measures adhere to the contract, and as part of the agency's national accreditation through the Council on Accreditation. If deliverables aren't met, funds will be returned to the State.

15	Rec	quester	Contact	In	formatior	١
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a. First Name	Julie	Last Name	Swindler		
b. Organization	Families First of Palm Beach County				
c. E-mail Address	jswindler@familiesfirstpbo	org.			
d. Phone Number	(561)318-4221	Ext.			

16. Recipient Contact Information



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a. Organization	Families	First of Palm Beach Cou	nty						
b. Municipality	and County	Palm Beach							
c. Organization Type									
□For Profit En	□For Profit Entity								
☑Non Profit 50	☑Non Profit 501(c)(3)								
□Non Profit 50	1(c)(4)								
□Local Entity									
□University or	□University or College								
□Other (please	e specify)								
d. First Name	Julie	Last Na	ame S	windler					
e. E-mail Addre	e. E-mail Address jswindler@familiesfirstpbc.org								
f. Phone Numbe	er (561)318	(561)318-4221							
17. Lobbyist Contact Information									
a. Name	None								
b. Firm Name									
c. E-mail Addre	ss								
d. Phone Numb	er								